

# United States District Court

DISTRICT OF \_\_\_\_\_

David P.Fontaine (Pro Se Litigant)

## SUMMONS IN A CIVIL CASE

v.

CASE NUMBER: 04-30080-MAP

U. S., Internal Revenue Service, Commissioner of IRS,  
IRS Employees - Sheila O'Brien, Lynn Walsh, Jane B. Finnegan, Larry Leder, and Dennis Parizek,  
State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi  
State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

Dennis Parizek, Operations Mgr., Exam SC Supp.  
Internal Revenue Service, 1973 North Rulon White Blvd.  
Ogden, UT 84404

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

David P.Fontaine (Pro Se Litigant)  
68 Van Horn St.  
West Springfield, MA 01089

an answer to the complaint which is herewith served upon you, within sixty (60) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

Mary Finn

(BY) DEPUTY CLERK

DATE

April 29, 2004

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Dennis Parizek  
 Operations Mgr., Exam SC Supp.  
 Internal Revenue Service  
 1973 North Rulon White Blvd.  
 Ogden, UT 84404  
 RE: Fed Court Case # 04-30080-MA  
 (10)

**2. Article Number  
*(Transfer from service lab)***

7002 3150 0002 2103 3858

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M 1540

**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X** Agent Address **B. Received by (Printed Name)**

MAP 11 2001

**C. Date of Delivery**

**D. Is delivery address different from item 1?  Yes**  
**If YES, enter delivery address below:  No**

**IRS - OSC**

<b>3. Service Type</b>	
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<small>(extra fee) <input type="checkbox"/> Yes</small>	